

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

DISTRICT OF NEW JERSEY

Case number (if known) \_\_\_\_\_

Chapter you are filing under:

☒ Chapter 7

☐ Chapter 11

☐ Chapter 12

☐ Chapter 13

☐ Check if this an amended filing

Official Form 101

**Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Identify Yourself**

**About Debtor 1:**

**About Debtor 2 (Spouse Only in a Joint Case):**

**1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

**Robert**

First name

**Patrick**

Middle name

**Angellella**

Last name and Suffix (Sr., Jr., II, III)

**Deborah**

First name

**Lynn**

Middle name

**Angellella**

Last name and Suffix (Sr., Jr., II, III)

**2. All other names you have used in the last 8 years**

Include your married or maiden names.

**3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)**

**xxx-xx-0264**

**xxx-xx-8801**

Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known) \_\_\_\_\_

**About Debtor 1:**

**About Debtor 2 (Spouse Only in a Joint Case):**

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

☒ I have not used any business name or EINs.

☒ I have not used any business name or EINs.

Include trade names and *doing business as* names

Business name(s) \_\_\_\_\_

Business name(s) \_\_\_\_\_

EINs \_\_\_\_\_

EINs \_\_\_\_\_

**5. Where you live**

**2 Mimi Place  
Manahawkin, NJ 08050**

Number, Street, City, State & ZIP Code

**Ocean**

County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**If Debtor 2 lives at a different address:**

Number, Street, City, State & ZIP Code

County

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

*Check one:*

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

*Check one:*

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

Debtor 1 Robert Patrick Angellella  
Debtor 2 Deborah Lynn Angellella

Case number (if known)

**Part 2: Tell the Court About Your Bankruptcy Case**

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*
- ☒ Chapter 7
- ☐ Chapter 11
- ☐ Chapter 12
- ☐ Chapter 13
- 
8. **How you will pay the fee**
- ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.
- 
9. **Have you filed for bankruptcy within the last 8 years?**
- ☒ No.
- ☐ Yes.
- |          |       |      |       |             |       |
|----------|-------|------|-------|-------------|-------|
| District | _____ | When | _____ | Case number | _____ |
| District | _____ | When | _____ | Case number | _____ |
| District | _____ | When | _____ | Case number | _____ |
- 
10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**
- ☒ No
- ☐ Yes.
- |                       |       |                     |       |
|-----------------------|-------|---------------------|-------|
| Debtor                | _____ | Relationship to you | _____ |
| District              | _____ | When                | _____ |
| Case number, if known | _____ |                     |       |
| Debtor                | _____ | Relationship to you | _____ |
| District              | _____ | When                | _____ |
| Case number, if known | _____ |                     |       |
- 
11. **Do you rent your residence?**
- ☒ No. Go to line 12.
- ☐ Yes. Has your landlord obtained an eviction judgment against you?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known) \_\_\_\_\_

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**

☒ No. Go to Part 4.

☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

\_\_\_\_\_  
Name of business, if any

\_\_\_\_\_  
Number, Street, City, State & ZIP Code

*Check the appropriate box to describe your business:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).*

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

☒ No. I am not filing under Chapter 11.

☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

☒ No.

☐ Yes. What is the hazard? \_\_\_\_\_

If immediate attention is needed, why is it needed? \_\_\_\_\_

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

Where is the property? \_\_\_\_\_

\_\_\_\_\_  
Number, Street, City, State & Zip Code

Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known)

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.**  
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

- ☐ **Disability.**  
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

- ☐ **Active duty.**  
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.**  
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

- ☐ **Disability.**  
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

- ☐ **Active duty.**  
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known)

**Part 6: Answer These Questions for Reporting Purposes**

<b>16. What kind of debts do you have?</b>	16a.	<b>Are your debts primarily consumer debts?</b> <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  <input type="checkbox"/> No. Go to line 16b.  <input checked="" type="checkbox"/> Yes. Go to line 17.
	16b.	<b>Are your debts primarily business debts?</b> <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.  <input type="checkbox"/> No. Go to line 16c. <input type="checkbox"/> Yes. Go to line 17.
	16c.	State the type of debts you owe that are not consumer debts or business debts  <hr/>

  

<b>17. Are you filing under Chapter 7?</b>  <b>Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?</b>	<input type="checkbox"/> No.  <input checked="" type="checkbox"/> Yes.	I am not filing under Chapter 7. Go to line 18.  I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<b>18. How many Creditors do you estimate that you owe?</b>	<input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
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<b>19. How much do you estimate your assets to be worth?</b>	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input checked="" type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
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<b>20. How much do you estimate your liabilities to be?</b>	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input checked="" type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
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**Part 7: Sign Below**

**For you** I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

<u>/s/ Robert Patrick Angellella</u> <b>Robert Patrick Angellella</b> Signature of Debtor 1	<u>/s/ Deborah Lynn Angellella</u> <b>Deborah Lynn Angellella</b> Signature of Debtor 2
Executed on <b>October 17, 2018</b> MM / DD / YYYY	Executed on <b>October 17, 2018</b> MM / DD / YYYY

Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known) \_\_\_\_\_

**For your attorney, if you are represented by one**

**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**/s/ William H. Oliver, Jr.**

Signature of Attorney for Debtor

Date

**October 17, 2018**

MM / DD / YYYY

**William H. Oliver, Jr.**

Printed name

**William H. Oliver, Jr.**

Firm name

**2240 Highway 33**

**Suite 112**

**Neptune, NJ 07753**

Number, Street, City, State & ZIP Code

Contact phone **732-988-1500**

Email address

**bkwoliver@aol.com**

**24859 NJ**

Bar number & State

**Fill in this information to identify your case:**

Debtor 1 **Robert Patrick Angellella**  
First Name Middle Name Last Name

Debtor 2 **Deborah Lynn Angellella**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

		Your assets Value of what you own
<b>1. Schedule A/B: Property</b> (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$	<b>558,540.00</b>
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$	<b>23,709.46</b>
1c. Copy line 63, Total of all property on Schedule A/B.....	\$	<b>582,249.46</b>

#### Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
<b>2. Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)		
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$	<b>866,305.17</b>
<b>3. Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$	<b>0.00</b>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$	<b>263,634.45</b>
<b>Your total liabilities</b>		<b>\$ 1,129,939.62</b>

#### Part 3: Summarize Your Income and Expenses

<b>4. Schedule I: Your Income</b> (Official Form 106I)	
Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ <b>4,909.38</b>
<b>5. Schedule J: Your Expenses</b> (Official Form 106J)	
Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ <b>8,585.33</b>

#### Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. **What kind of debt do you have?**
- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.



Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known) \_\_\_\_\_

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ **4,311.40**

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

	Total claim
<b>From Part 4 on Schedule E/F, copy the following:</b>	
9a. Domestic support obligations (Copy line 6a.)	\$ <b>0.00</b>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <b>0.00</b>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <b>0.00</b>
9d. Student loans. (Copy line 6f.)	\$ <b>188,824.00</b>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <b>0.00</b>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <b>0.00</b>
9g. <b>Total.</b> Add lines 9a through 9f.	\$ <b>188,824.00</b>

**Fill in this information to identify your case and this filing:**

Debtor 1	<b>Robert Patrick Angellella</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Deborah Lynn Angellella</b>		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>DISTRICT OF NEW JERSEY</u>			
Case number _____			

☐ Check if this is an amended filing

## Official Form 106A/B Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1

**2 Mimi Place**

Street address, if available, or other description

**Manahawkin NJ 08050-0000**

City State ZIP Code

**Ocean**

County

**What is the property?** Check all that apply

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other \_\_\_\_\_

**Who has an interest in the property?** Check one

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

**Other information you wish to add about this item, such as local property identification number:**

**FMV - \$642,000**  
**Less COS - \$83,460**

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
<b>\$558,540.00</b>	<b>\$558,540.00</b>

**Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.**

**Fee simple**

☐ **Check if this is community property**  
(see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

**\$558,540.00**

**Part 2: Describe Your Vehicles**

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known) \_\_\_\_\_

**3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

☐ No  
☒ Yes

3.1 Make: **Chrysler**  
Model: **200**  
Year: **2012**  
Approximate mileage: **140,000**  
Other information:

**Who has an interest in the property?** Check one

☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?**

**Current value of the portion you own?**

**\$3,000.00**

**\$3,000.00**

3.2 Make: **Hummer**  
Model: **H3**  
Year: **2006**  
Approximate mileage: **225,000**  
Other information:

**Who has an interest in the property?** Check one

☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?**

**Current value of the portion you own?**

**\$2,500.00**

**\$2,500.00**

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

*Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories*

☒ No  
☐ Yes

**5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>**

**\$5,500.00**

**Part 3: Describe Your Personal and Household Items**

**Do you own or have any legal or equitable interest in any of the following items?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**

*Examples: Major appliances, furniture, linens, china, kitchenware*

☐ No  
☒ Yes. Describe.....

**Furniture**

**\$5,000.00**

**7. Electronics**

*Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games*

☐ No  
☒ Yes. Describe.....

**Cell phone and other media players**

**\$1,000.00**

**8. Collectibles of value**

*Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles*

☒ No

Debtor 1 **Robert Patrick Angellella**  
 Debtor 2 **Deborah Lynn Angellella**

Case number (if known) \_\_\_\_\_

☐ Yes. Describe.....

**9. Equipment for sports and hobbies**

*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No

☐ Yes. Describe.....

**10. Firearms**

*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

☒ No

☐ Yes. Describe.....

**11. Clothes**

*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☒ No

☐ Yes. Describe.....

**12. Jewelry**

*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☒ No

☐ Yes. Describe.....

**13. Non-farm animals**

*Examples:* Dogs, cats, birds, horses

☒ No

☐ Yes. Describe.....

**14. Any other personal and household items you did not already list, including any health aids you did not list**

☒ No

☐ Yes. Give specific information.....

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....**

**\$6,000.00**

**Part 4: Describe Your Financial Assets**

**Do you own or have any legal or equitable interest in any of the following?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**16. Cash**

*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☒ No

☐ Yes.....

**17. Deposits of money**

*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes.....

Institution name:

17.1. **Checking**

**Bank of America Acctxxx1071**

**\$2,304.65**

**18. Bonds, mutual funds, or publicly traded stocks**

*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes.....

Institution or issuer name:

Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known) \_\_\_\_\_

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

☒ No

☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.

*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them

Issuer name:

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☐ No

☒ Yes. List each account separately.

Type of account:

Institution name:

**401k**

**Lincoln Financial Group 401k**

**\$9,904.81**

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes. ....

Institution name or individual:

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes.....

Issuer name and description.

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

☒ No

☐ Yes. Give specific information about them...

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them...

**27. Licenses, franchises, and other general intangibles**

*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them...

**Money or property owed to you?**

**Current value of the**

**portion you own?**

Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

☒ No

☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

**29. Family support**

*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No

Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known) \_\_\_\_\_

☐ Yes. Give specific information.....

**30. Other amounts someone owes you**

*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No

☐ Yes. Give specific information..

**31. Interests in insurance policies**

*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☒ No

☐ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund  
value:

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Give specific information..

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

*Examples:* Accidents, employment disputes, insurance claims, or rights to sue

☒ No

☐ Yes. Describe each claim.....

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

☒ No

☐ Yes. Describe each claim.....

**35. Any financial assets you did not already list**

☒ No

☐ Yes. Give specific information..

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**

**\$12,209.46**

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

**37. Do you own or have any legal or equitable interest in any business-related property?**

☒ No. Go to Part 6.

☐ Yes. Go to line 38.

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**

If you own or have an interest in farmland, list it in Part 1.

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

☒ No. Go to Part 7.

☐ Yes. Go to line 47.

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

**53. Do you have other property of any kind you did not already list?**

*Examples:* Season tickets, country club membership

☒ No

☐ Yes. Give specific information.....

**54. Add the dollar value of all of your entries from Part 7. Write that number here .....**

**\$0.00**

Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known) \_\_\_\_\_

**Part 8:** List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 .....		<b>\$558,540.00</b>
56. Part 2: Total vehicles, line 5	<b>\$5,500.00</b>	
57. Part 3: Total personal and household items, line 15	<b>\$6,000.00</b>	
58. Part 4: Total financial assets, line 36	<b>\$12,209.46</b>	
59. Part 5: Total business-related property, line 45	<b>\$0.00</b>	
60. Part 6: Total farm- and fishing-related property, line 52	<b>\$0.00</b>	
61. Part 7: Total other property not listed, line 54	<b>\$0.00</b>	
	+	
62. Total personal property. Add lines 56 through 61...	<b>\$23,709.46</b>	Copy personal property total <b>\$23,709.46</b>
63. Total of all property on Schedule A/B. Add line 55 + line 62		<b>\$582,249.46</b>

**Fill in this information to identify your case:**

Debtor 1	<b>Robert Patrick Angellella</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Deborah Lynn Angellella</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>DISTRICT OF NEW JERSEY</u>			
Case number _____ (if known)			

☐ Check if this is an amended filing
**Official Form 106C****Schedule C: The Property You Claim as Exempt**

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>2 Mimi Place Manahawkin, NJ 08050 Ocean County FMV - \$642,000 Less COS - \$83,460 Line from <i>Schedule A/B</i>: 1.1</b>	<b>\$558,540.00</b>	<input checked="" type="checkbox"/> <b>\$47,350.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(1)</b>
<b>2 Mimi Place Manahawkin, NJ 08050 Ocean County FMV - \$642,000 Less COS - \$83,460 Line from <i>Schedule A/B</i>: 1.1</b>	<b>\$558,540.00</b>	<input checked="" type="checkbox"/> <b>\$195.35</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>
<b>Furniture Line from <i>Schedule A/B</i>: 6.1</b>	<b>\$5,000.00</b>	<input checked="" type="checkbox"/> <b>\$5,000.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(3)</b>
<b>Cell phone and other media players Line from <i>Schedule A/B</i>: 7.1</b>	<b>\$1,000.00</b>	<input checked="" type="checkbox"/> <b>\$1,000.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(3)</b>
<b>Checking: Bank of America Acctxxx1071 Line from <i>Schedule A/B</i>: 17.1</b>	<b>\$2,304.65</b>	<input checked="" type="checkbox"/> <b>\$2,304.65</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>



Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known) \_\_\_\_\_

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own  <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim  <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>401k: Lincoln Financial Group 401k</b> Line from <i>Schedule A/B</i> : <b>21.1</b>	<b>\$9,904.81</b>	<input checked="" type="checkbox"/> <b>\$9,904.81</b>  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(12)</b>

3. **Are you claiming a homestead exemption of more than \$160,375?**  
(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)
- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

**Fill in this information to identify your case:**

Debtor 1	<b>Robert Patrick Angellella</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Deborah Lynn Angellella</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number (if known)			

☐ Check if this is an amended filing

**Official Form 106D**

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

☒ Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

**2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
<b>2.1 Ally Financial</b> Creditor's Name  <b>Attn: Bankruptcy Dept Po Box 380901 Bloomington, MN 55438</b> Number, Street, City, State & Zip Code	<b>Describe the property that secures the claim:</b> <b>2012 Chrysler 200 140,000 miles</b>  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)	<b>\$3,966.00</b>	<b>\$3,000.00</b>
<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	<b>Date debt was incurred</b> _____ <b>Last 4 digits of account number</b> <b>4682</b>		

<b>2.2 Ditech</b> Creditor's Name  <b>Attn: Bankruptcy Po Box 6172 Rapid City, SD 57709</b> Number, Street, City, State & Zip Code	<b>Describe the property that secures the claim:</b> <b>2 Mimi Place Manahawkin, NJ 08050 Ocean County FMV - \$642,000 Less COS - \$83,460</b> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)	<b>\$234,041.94</b>	<b>\$558,540.00</b>	<b>\$234,041.94</b>
<b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt				

Debtor 1 **Robert Patrick Angellella** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name  
 Debtor 2 **Deborah Lynn Angellella**  
 First Name Middle Name Last Name

Opened  
8/30/06  
Last Active

Date debt was incurred **3/31/12** Last 4 digits of account number **2488**

<b>2.3 Mariner Finance, LLC</b> Creditor's Name  <b>8211 Town Center Dr</b> <b>Nottingham, MD 21236</b> Number, Street, City, State & Zip Code  <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	<b>Describe the property that secures the claim:</b> <div style="border: 1px solid black; padding: 2px;">2006 Hummer H3 225,000 miles</div> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	<b>\$3,178.00</b> <b>\$2,500.00</b> <b>\$678.00</b>
Date debt was incurred _____ Last 4 digits of account number <b>7816</b>		

<b>2.4 The Bank of New York</b> Creditor's Name  <b>c/o RAS Citron, LLC</b> <b>130 Clinton Rd., Ste. 202</b> <b>Fairfield, NJ 07004</b> Number, Street, City, State & Zip Code  <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	<b>Describe the property that secures the claim:</b> <div style="border: 1px solid black; padding: 2px;">2 Mimi Place Manahawkin, NJ 08050 Ocean County FMV - \$642,000 Less COS - \$83,460</div> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	<b>\$625,119.23</b> <b>\$558,540.00</b> <b>\$66,579.23</b>
Date debt was incurred _____ Last 4 digits of account number <b>2418</b>		

Add the dollar value of your entries in Column A on this page. Write that number here:

**\$866,305.17**

If this is the last page of your form, add the dollar value totals from all pages.

**\$866,305.17**

Write that number here:

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

☐

Name, Number, Street, City, State & Zip Code  
**Ally**  
**c/o Payment Processing Center**  
**Phoenix, AZ 85062-8234**

On which line in Part 1 did you enter the creditor? **2.1**

Last 4 digits of account number **4682**

Debtor 1 **Robert Patrick Angellella**

First Name Middle Name Last Name

Case number (if known)

Debtor 2 **Deborah Lynn Angellella**

First Name Middle Name Last Name

☐

Name, Number, Street, City, State & Zip Code

**Ally**  
**PO Box 380902**  
**Minneapolis, MN 55438-0902**

On which line in Part 1 did you enter the creditor? 2.1

Last 4 digits of account number 4682

☐

Name, Number, Street, City, State & Zip Code

**Ally Financial**  
**200 Renaissance Ctr**  
**Detroit, MI 48243**

On which line in Part 1 did you enter the creditor? 2.1

Last 4 digits of account number 4682

☐

Name, Number, Street, City, State & Zip Code

**Ditech**  
**332 Minnesota St Ste 610**  
**Saint Paul, MN 55101**

On which line in Part 1 did you enter the creditor? 2.2

Last 4 digits of account number 4886

☐

Name, Number, Street, City, State & Zip Code

**Ditech**  
**PO Box 94710**  
**Palatine, IL 60094-4710**

On which line in Part 1 did you enter the creditor? 2.2

Last 4 digits of account number 4886

☐

Name, Number, Street, City, State & Zip Code

**First Horizon Alternative Mortgage**  
**Securities Trust**  
**8950 Cypress Waters Blvd.,**  
**Coppell, TX 75019**

On which line in Part 1 did you enter the creditor? 2.4

Last 4 digits of account number 2418

☐

Name, Number, Street, City, State & Zip Code

**Mr. Cooper**  
**8950 Cypress Waters Blvd**  
**Dallas, TX 75019**

On which line in Part 1 did you enter the creditor? 2.4

Last 4 digits of account number 2418

☐

Name, Number, Street, City, State & Zip Code

**Mr. Cooper**  
**PO Box 60516**  
**City of Industry, CA 91716-0516**

On which line in Part 1 did you enter the creditor? 2.4

Last 4 digits of account number \_\_\_\_

☐

Name, Number, Street, City, State & Zip Code

**The Bank of New York**  
**Consumer Loan Operations**  
**P. O. Box 6973**  
**Newark, DE 19714**

On which line in Part 1 did you enter the creditor? 2.4

Last 4 digits of account number 2418

**Fill in this information to identify your case:**

Debtor 1 **Robert Patrick Angellella**  
 First Name Middle Name Last Name

Debtor 2 **Deborah Lynn Angellella**  
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number \_\_\_\_\_  
 (if known)

☐ Check if this is an amended filing

**Official Form 106E/F**

**Schedule E/F: Creditors Who Have Unsecured Claims**

**12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.  
☐ Yes.

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

**Total claim**

<div style="border: 1px solid black; padding: 2px; width: 40px; float: left; margin-right: 10px;">4.1</div> <p><b>Aes/nct</b>          Nonpriority Creditor's Name  <b>Attn: Bankruptcy Dept</b>  <b>Po Box 2461</b>  <b>Harrisburg, PA 17105</b>          Number Street City State Zip Code  <b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input checked="" type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <b>0001</b></p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b>  <input checked="" type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify _____</p>	<p><b>Unknown</b></p>
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**Educational**

Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known)

4.2	<b>Barclays Bank Delaware</b> Nonpriority Creditor's Name <b>Attn: Correspondence</b> <b>Po Box 8801</b> <b>Wilmington, DE 19899</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>4169</b> When was the debt incurred?  As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	<b>\$2,175.00</b>
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4.3	<b>Best Buy/Citibank North America</b> Nonpriority Creditor's Name <b>c/o Citibank Corp</b> <b>Attn: Centralized Bankruptcy</b> <b>Po Box 790034</b> <b>St Louis, MO 63179</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>5056</b> When was the debt incurred?  As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	<b>\$959.00</b>
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4.4	<b>BP LCC</b> Nonpriority Creditor's Name <b>c/o Synco</b> <b>Attn: Bankruptcy</b> <b>Po Box 965060</b> <b>Orlando, FL 32896</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>3081</b> When was the debt incurred?  As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	<b>\$633.00</b>
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Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known) \_\_\_\_\_

4.5

**Capital One**

Nonpriority Creditor's Name

**c/o Portfolio Recovery Associates, LLC**  
**PO Box 12914**  
**Norfolk, VA 23541**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**  
**Is the claim subject to offset?**

☒ No

☐ Yes

Last 4 digits of account number **4808**

**\$4,965.83**

When was the debt incurred? \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**Type of NONPRIORITY unsecured claim:**

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify \_\_\_\_\_

4.6

**CardWorks**

Nonpriority Creditor's Name

**c/o Merrick Bank**  
**Attn: Bankruptcy**  
**Po Box 9201**

**Old Bethpage, NY 11804**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**  
**Is the claim subject to offset?**

☒ No

☐ Yes

Last 4 digits of account number **4029**

**\$4,383.00**

When was the debt incurred? \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**Type of NONPRIORITY unsecured claim:**

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify \_\_\_\_\_

4.7

**Care Credit**

Nonpriority Creditor's Name

**c/o Synchrony Bank**  
**Po Box 965005**  
**Orlando, FL 32896**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**  
**Is the claim subject to offset?**

☒ No

☐ Yes

Last 4 digits of account number **0743**

**\$1,023.00**

When was the debt incurred? \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**Type of NONPRIORITY unsecured claim:**

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify \_\_\_\_\_

Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known) \_\_\_\_\_

4.8	<b>Chrisler Capital</b> Nonpriority Creditor's Name <b>c/o Santander Consumer USA</b> <b>Attn: Bankruptcy</b> <b>Po Box 961245</b> <b>Fort Worth, TX 76161</b> <hr/> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1000</u> <hr/> <b>When was the debt incurred?</b> <hr/> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Auto Lease - 2016 Dodge Durango</u>	<b>\$6,017.00</b>
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4.9	<b>Coastal Healthcare</b> Nonpriority Creditor's Name <b>c/o Bureau of Accounts Control</b> <b>PO Box 538</b> <b>Howell, NJ 07731-0538</b> <hr/> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0119</u> <hr/> <b>When was the debt incurred?</b> <hr/> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	<b>\$112.36</b>
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4.10	<b>Costco Go Anywhere Citicard</b> Nonpriority Creditor's Name <b>c/o Citicorp Credit Services</b> <b>Attn: Centralized Ban</b> <b>Po Box 790040</b> <b>St. Louis, MO 64195</b> <hr/> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>8651</u> <hr/> <b>When was the debt incurred?</b> <hr/> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	<b>\$2,282.00</b>
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Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known) \_\_\_\_\_

4.11

**Credit One Bank N.A./LVNV  
Funding LLC**

Nonpriority Creditor's Name

**c/o Alltran Financial, LP  
PO Box 610**

**Sauk Rapids, MN 56379-0610**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt  
Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **5422**

**\$2,881.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify \_\_\_\_\_

4.12

**Credit One Bank/Midland Funding,  
LLC**

Nonpriority Creditor's Name

**c/o Atlantic Credit & Finance  
PO Box 2001**

**Warren, MI 48090**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt  
Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **1421**

**\$4,426.86**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify \_\_\_\_\_

4.13

**Dept of Ed / Navient**

Nonpriority Creditor's Name

**Attn: Claims Dept  
Po Box 9635**

**Wilkes Barr, PA 18773**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt  
Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **0110**

**\$169,400.00**

When was the debt incurred? **Opened 08/12 Last Active 8/31/18**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☒ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Other. Specify \_\_\_\_\_

**Educational - 0221/0606/0602**

Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known) \_\_\_\_\_

4.14	<b>Discover Student Loans</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 30948</b> <b>Salt Lake City, UT 84130</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>0021</b> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	<b>\$19,424.00</b>
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**Educational**

4.15	<b>Dressbarn</b> Nonpriority Creditor's Name <b>c/o Capital One</b> <b>PO Box 71106</b> <b>Charlotte, NC 28272-1106</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>7965</b> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$2,223.00</b>
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4.16	<b>First Premier Bank</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 5524</b> <b>Sioux Falls, SD 57117</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>6794</b> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$2,091.00</b>
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Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known) \_\_\_\_\_

4.17	<b>First Savings Credit Card</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy Department</b> <b>Po Box 5019</b> <b>Sioux Falls, SD 57117</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>3692</b> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$1,436.00</b>
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4.18	<b>Genesis Bankcard Services</b> Nonpriority Creditor's Name <b>Po Box 4477</b> <b>Beaverton, OR 97076</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>8041</b> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$420.00</b>
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4.19	<b>Goodyear</b> Nonpriority Creditor's Name <b>c/o Citibank Corp</b> <b>Attn: Centralized Bankruptcy</b> <b>Po Box 790034</b> <b>St Louis, MO 63179</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>9473</b> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>Unknown</b>
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Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known) \_\_\_\_\_

4.20	<b>Health Village Imaging Llc</b> Nonpriority Creditor's Name <b>c/o Quality Asset Recovery</b> <b>Attn: Bankruptcy</b> <b>Po Box 239</b> <b>Gibbsboro, NJ 08026</b> <hr/> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>5411</b> <hr/> <b>When was the debt incurred?</b> _____ <hr/> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$132.85</b> <hr/>
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4.21	<b>Institute Of Orthopaedic Surge</b> Nonpriority Creditor's Name <b>c/o Quality Asset Recovery</b> <b>Attn: Bankruptcy</b> <b>Po Box 239</b> <b>Gibbsboro, NJ 08026</b> <hr/> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>1739</b> <hr/> <b>When was the debt incurred?</b> _____ <hr/> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$277.76</b> <hr/>
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4.22	<b>Institute of Orthopedic Surgery &amp; Sports</b> Nonpriority Creditor's Name <b>20 Cambridge Dr., Ste. A</b> <b>Matawan, NJ 07747-2256</b> <hr/> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>0455</b> <hr/> <b>When was the debt incurred?</b> _____ <hr/> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$200.51</b> <hr/>
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Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known) \_\_\_\_\_

4.23	<b>JC Penneys</b> Nonpriority Creditor's Name <b>c/o Synchrony Bank</b> <b>Attn: Bankruptcy Dept</b> <b>Po Box 965060</b> <b>Orlando, FL 32896</b> <hr/> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>6056</b> <b>\$565.00</b> <hr/> <b>When was the debt incurred?</b> _____ <hr/> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____
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4.24	<b>Kia Motors Finance</b> Nonpriority Creditor's Name <b>Po Box 20825</b> <b>Fountain Valley, CA 92728</b> <hr/> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>6747</b> <b>\$2,863.00</b> <hr/> <b>When was the debt incurred?</b> _____ <hr/> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Lease - 2016 Kia Optima</b>
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4.25	<b>Kohl's/Capital One, N.A.</b> Nonpriority Creditor's Name <b>c/o Merchants &amp; Medical</b> <b>Credit Corporation, Inc.</b> <b>6324 Taylor Dr.</b> <b>Flint, MI 48507-4685</b> <hr/> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>0852</b> <b>\$1,667.83</b> <hr/> <b>When was the debt incurred?</b> _____ <hr/> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____
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Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known) \_\_\_\_\_

4.26

**Lawn Doctor**

Nonpriority Creditor's Name

**c/o American Profit Recovery  
34505 W. 12 Mile Rd., Ste. 333  
Farmington, MI 48331**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt  
Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **0125**

**\$84.18**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify \_\_\_\_\_

4.27

**Lending Club/Velocity Investments LLC**

Nonpriority Creditor's Name

**c/o CKS Financial  
PO Box 2856  
Chesapeake, VA 23327-2856**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt  
Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **6107**

**\$5,472.83**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify \_\_\_\_\_

4.28

**Lord & Taylor**

Nonpriority Creditor's Name

**c/o Synch  
Attn: Bankruptcy  
Po Box 965060  
Orlando, FL 32896**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt  
Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **4881**

**\$227.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify \_\_\_\_\_

Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known) \_\_\_\_\_

4.29	<b>Macy's</b> Nonpriority Creditor's Name <b>c/o Visa Dept Store National Bank</b> <b>Attn: Bankruptcy</b> <b>Po Box 8053</b> <b>Mason, OH 45040</b> <hr/> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>5720</b> <hr/> When was the debt incurred? _____ <hr/> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$1,101.00</b>
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4.30	<b>Manahawkin Open MRI</b> Nonpriority Creditor's Name <b>c/o Quality Asset Recovery</b> <b>Attn: Bankruptcy</b> <b>Po Box 239</b> <b>Gibbsboro, NJ 08026</b> <hr/> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>6521</b> <hr/> When was the debt incurred? _____ <hr/> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$46.00</b>
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4.31	<b>Mandee</b> Nonpriority Creditor's Name <b>c/o Comenity Bank</b> <b>Attn: Bankruptcy Dept</b> <b>Po Box 182125</b> <b>Columbus, OH 43218</b> <hr/> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>9260</b> <hr/> When was the debt incurred? _____ <hr/> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$845.00</b>
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Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known) \_\_\_\_\_

4.32	<b>Merrick Bank</b> Nonpriority Creditor's Name <b>c/o Carson Smithfield</b> <b>PO Box 660702</b> <b>Dallas, TX 75266-0702</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>4029</b> <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$559.00</b>
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4.33	<b>Milestoene Master Card</b> Nonpriority Creditor's Name <b>c/o Bankcard Services</b> <b>PO Box 4477</b> <b>Beaverton, OR 97076-4401</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>7983</b> <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$609.63</b>
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4.34	<b>Ocean Medical Imaging Center</b> Nonpriority Creditor's Name <b>c/o R&amp;R Professional Recovery, Inc.</b> <b>PO Box 21575</b> <b>Baltimore, MD 21282-1575</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>3252</b> <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$85.78</b>
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Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known) \_\_\_\_\_

4.35	<b>Old Navy</b> Nonpriority Creditor's Name <b>c/o Synchrony Bank</b> <b>Attn: Bankruptcy Dept</b> <b>Po Box 965060</b> <b>Orlando, FL 32896</b> <hr/> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>9182</b> <hr/> <b>When was the debt incurred?</b> <hr/> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$1,215.00</b>
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4.36	<b>OneMain Financial</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>601 Nw 2nd Street</b> <b>Evansville, IN 47708</b> <hr/> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>2467</b> <hr/> <b>When was the debt incurred?</b> <hr/> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$4,925.00</b>
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4.37	<b>Orthopaedic Insitute</b> Nonpriority Creditor's Name <b>226 Route 37 West</b> <b>Toms River, NJ 08755</b> <hr/> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>2712</b> <hr/> <b>When was the debt incurred?</b> <hr/> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$172.00</b>
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Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known) \_\_\_\_\_

4.38	<b>Robert Wood Johnson</b> Nonpriority Creditor's Name <b>Medical Group</b> <b>PO Box 15278</b> <b>Newark, NJ 07192</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>9522</b> <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$41.38</b>
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4.39	<b>Shore Imaging PC</b> Nonpriority Creditor's Name <b>1166 River Ave., Ste. 102</b> <b>Lakewood, NJ 08701-5600</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>91MC</b> <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$51.53</b>
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4.40	<b>Souther Ocean Medical Center</b> Nonpriority Creditor's Name <b>PO Box 650292</b> <b>Dallas, TX 75265-0292</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>7912</b> <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$375.51</b>
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Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known) \_\_\_\_\_

4.41	<b>Southern Ocean City Hos Op</b> Nonpriority Creditor's Name <b>c/o Certified Credit &amp; Collection Bureau</b> <b>PO Box 1750</b> <b>Whitehouse Station, NJ 08889</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>0815</b> <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$281.51</b>
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4.42	<b>Target</b> Nonpriority Creditor's Name <b>c/o Target Card Services</b> <b>Mail Stop NCB-0461</b> <b>Minneapolis, MN 55440</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>8332</b> <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$7,907.28</b>
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4.43	<b>TD Bank USA, N.A.</b> Nonpriority Creditor's Name <b>c/o Lyons Doughty &amp; Veldhuis, PC</b> <b>136 Gaither Drive, Suite 100</b> <b>Mount Laurel, NJ 08054</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>1218</b> <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$3,260.28</b>
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Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known) \_\_\_\_\_

4.44	<b>TJX/Synchrony Bank</b> Nonpriority Creditor's Name <b>c/o Portfolio Recovery Associates, LLC</b> <b>PO Box 12914</b> <b>Norfolk, VA 23541</b> <hr/> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>8111</b> <hr/> <b>When was the debt incurred?</b> _____ <hr/> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$1,595.18</b>
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4.45	<b>Urgent Care Now Physicians</b> Nonpriority Creditor's Name <b>Attn # 8594M</b> <b>PO Box 14000</b> <b>Belfast, ME 04915-4033</b> <hr/> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>1798</b> <hr/> <b>When was the debt incurred?</b> _____ <hr/> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$79.36</b>
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4.46	<b>Venus</b> Nonpriority Creditor's Name <b>c/o Comenitybank</b> <b>Attn: Bankruptcy Dept</b> <b>Po Box 182125</b> <b>Columbus, OH 43218</b> <hr/> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>7544</b> <hr/> <b>When was the debt incurred?</b> _____ <hr/> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$165.00</b>
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Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known) \_\_\_\_\_

4.47	<b>Victoria Secret</b> Nonpriority Creditor's Name <b>c/o Comenity Bank</b> <b>Attn: Bankruptcy Dept</b> <b>Po Box 182125</b> <b>Columbus, OH 45318</b> <hr/> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>3377</b> <hr/> <b>When was the debt incurred?</b> <hr/> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$1,305.00</b> <hr/>
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4.48	<b>Walmart/Synchrony Bank</b> Nonpriority Creditor's Name <b>c/o Monarch Recovery</b> <b>Management, Inc.</b> <b>PO Box 986</b> <b>Orlando, FL 32896</b> <hr/> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>3309</b> <hr/> <b>When was the debt incurred?</b> <hr/> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$2,671.00</b> <hr/>
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**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address <b>Aes/nct</b> <b>Pob 61047</b> <b>Harrisburg, PA 17106</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.1</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims	Last 4 digits of account number <b>0001</b>
Name and Address <b>Barclays</b> <b>PO Box 13337</b> <b>Philadelphia, PA 19101-3337</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.2</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims	Last 4 digits of account number <b>4169</b>
Name and Address <b>Barclays Bank Delaware</b> <b>Po Box 8803</b> <b>Wilmington, DE 19899</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.2</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims	Last 4 digits of account number <b>5198</b>
Name and Address <b>Best Buy</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.3</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims	

Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known)

**c/o Citibank North America**  
**50 Northwest Point Road**  
**Elk Grove Village, IL 60007**

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **5056**

Name and Address  
**Best Buy Credit Servies**  
**PO Box 78009**  
**Phoenix, AZ 85062-8009**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.3** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **5056**

Name and Address  
**BPLCC**  
**c/o Synch**  
**Po Box 965024**  
**Orlando, FL 32896**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.4** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **3081**

Name and Address  
**BPLCC**  
**P.O. Box 11956**  
**Newark, NJ 07101**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.4** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **3081**

Name and Address  
**Capital One**  
**15000 Capital One Dr**  
**Richmond, VA 23238**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.5** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **3736**

Name and Address  
**Capital One**  
**PO Box 6492**  
**Carol Stream, IL 60197-6492**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.5** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **9695**

Name and Address  
**Capital One**  
**Attn: Bankruptcy**  
**Po Box 30285**  
**Salt Lake City, UT 84130**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.5** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **3736**

Name and Address  
**Capital One Bank (USA), N.A.**  
**4851 Cox Rd.**  
**Glen Allen, VA 23060**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.5** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **3736**

Name and Address  
**Capital One, NA**  
**c/o Radius**  
**PO Box 390846**  
**Minneapolis, MN 55439**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.5** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **4808**

Name and Address  
**CardWorks**  
**c/o Merrick Bank**  
**Po Box 9201**  
**Old Bethpage, NY 11804**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.6** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **4029**

Name and Address  
**Cardworks Servicing**  
**P.O. box 9201**  
**Old Bethpage, NY 11804**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.6** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known)

Last 4 digits of account number **4029**

Name and Address

**Care Credit**  
**GE Money Bank**  
**P.O. Box 960061**  
**Orlando, FL 32896-0061**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.7** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **0743**

Name and Address

**Citi Cards**  
**PO Box 9001016**  
**Louisville, KY 40290-1016**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **8651**

Name and Address

**Coastal Healthcare**  
**1659 Route 88, Suite 2B**  
**Brick, NJ 08724**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.9** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Costco Go Anywhere Citicard**  
**Po Box 6190**  
**Sioux Falls, SD 57117**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **8651**

Name and Address

**Credit One**  
**c/o Midland Funding, LLC**  
**PO Box 2001**  
**Warren, MI 48090**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **1421**

Name and Address

**Credit One Bank**  
**Po Box 98872**  
**Las Vegas, NV 89193**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **1421**

Name and Address

**Credit One Bank**  
**PO Box 60500**  
**City of Industry, CA 91716-0500**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **1950**

Name and Address

**Credit One Bank**  
**Attn: Bankruptcy**  
**Po Box 98873**  
**Las Vegas, NV 89193**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **1421**

Name and Address

**Credit One Bank N.A./LVNV Funding LLC**  
**c/o Halsted Financial Services, LLC**  
**PO Box 828**  
**Skokie, IL 60076**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Credit One Bank N.A./Resurgent Capital**  
**c/o LVNV Funding**  
**Attn: Bankruptcy**  
**Po Box 10497**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known)

**Greenville, SC 29603**

Last 4 digits of account number **5422**

Name and Address

**Credit One Bank, N.A.**  
**PO Box 98873**  
**Las Vegas, NV 89193**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **5422**

Name and Address

**Credit One Bank, N.A.**  
**c/o Resurgent Capital Services**  
**PO Box 10466**  
**Greenville, SC 29603**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **5422**

Name and Address

**Credit One Bank, N.A. / LVNV**  
**Funding, LL**  
**c/o Alltran Financial LP**  
**PO Box 610**  
**Sauk Rapids, MN 56379-0610**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **5422**

Name and Address

**Dept of Ed / Navient**  
**Po Box 9635**  
**Wilkes Barre, PA 18773**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Discover Student Loans**  
**Po Box 30948**  
**Salt Lake City, UT 84130**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**DNF Associates**  
**352 Sonwil Dr.**  
**Buffalo, NY 14225**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.33** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **7983**

Name and Address

**Dressbarn**  
**P.O. Box 659704**  
**San Antonio, TX 78265**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.15** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **7965**

Name and Address

**Dressbarn**  
**c/o Capital One**  
**Po Box 30258**  
**Salt Lake City, UT 84130**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.15** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **7965**

Name and Address

**First Premier Bank**  
**3820 N Louise Ave**  
**Sioux Falls, SD 57107**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **6794**

Name and Address

**First Premier Bank**  
**PO Box 5519**  
**Sioux Falls, SD 57117-5519**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **4718**



Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known)

Name and Address  
**First Premier Bank**  
**PO Box 5529**  
**Sioux Falls, SD 57117-5529**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**4718**

Name and Address  
**First Savings Credit Card**  
**500 E 60th St N**  
**Sioux Falls, SD 57104**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.17** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**3692**

Name and Address  
**First Savings Credit Card**  
**PO Box 2509**  
**Omaha, NE 68103-2509**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.17** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**3692**

Name and Address  
**Genesis Bankcard Services**  
**Po Box 4499**  
**Beaverton, OR 97076**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.18** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**8041**

Name and Address  
**Genesis FS Card Services**  
**PO Box 84059**  
**Columbus, GA 31908-4059**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.33** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**7983**

Name and Address  
**Genesis FS Card Services**  
**PO Box 4499**  
**Beaverton, OR 97076-4499**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.33** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**7983**

Name and Address  
**Goodyear**  
**c/o Citibank**  
**Po Box 6497**  
**Sioux Falls, SD 57117**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.19** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**9473**

Name and Address  
**Goodyear Credit Card Plan**  
**Bankruptcy Dept.**  
**P.O. Box 8003**  
**Akron, OH 44316**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.19** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**9473**

Name and Address  
**Hackensack Meridian Health**  
**PO Box 650292**  
**Dallas, TX 75265-0292**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.40** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**7912**

Name and Address  
**Health Village Imaging LLC**  
**c/o Quality Asset Recovery**  
**7 Foster Ave Ste 101**  
**Gibbsboro, NJ 08026**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.20** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**6107**

Name and Address  
**Health Village Imaging, LLC**  
**PO Box 42965**  
**Philadelphia, PA 19101**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.20** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known)

Last 4 digits of account number **5411**

Name and Address  
**Institute of Ortho Surgery & Sports Med**  
**249 South Main Street**  
**Ste. 5**  
**Barnegat, NJ 08005-2301**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line **4.22** of (Check one):  
☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **0455**

Name and Address  
**Institute of Orthopaedic Surgery**  
**c/o Quality Asset Recovery**  
**7 Foster Ave Ste 101**  
**Gibbsboro, NJ 08026**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line **4.21** of (Check one):  
☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **1739**

Name and Address  
**Institute of Orthopaedic Surgery**  
**249 South Main St**  
**Ste 5**  
**Barnegat, NJ 08005**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line **4.21** of (Check one):  
☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **1739**

Name and Address  
**JC Penney**  
**PO Box 981403**  
**El Paso, TX 79998-1403**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line **4.23** of (Check one):  
☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **6056**

Name and Address  
**JC Penneys**  
**c/o Synchrony Bank**  
**Po Box 965007**  
**Orlando, FL 32896**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line **4.23** of (Check one):  
☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **6056**

Name and Address  
**JCP**  
**c/o Synchrony**  
**PO Box 960090**  
**Orlando, FL 32896-0090**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line **4.23** of (Check one):  
☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **0561**

Name and Address  
**Kia Motors Finance**  
**4000 Macarthur Blvd Ste**  
**Newport Beach, CA 92660**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line **4.24** of (Check one):  
☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **6747**

Name and Address  
**Kia Motors Finance**  
**PO Box 660891**  
**Dallas, TX 75266-0891**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line **4.24** of (Check one):  
☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **6747**

Name and Address  
**Kohl's**  
**P. O. Box 3043**  
**Milwaukee, WI 53201-3043**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line **4.25** of (Check one):  
☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **0544**

Name and Address  
**Kohl's**  
**c/o Capital One**  
**P.O. Box 85105**  
**Boston, MA 02205**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line **4.25** of (Check one):  
☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known)

Last 4 digits of account number	
<b>Name and Address</b> <b>Kohl's Payment Center</b> <b>P.O. Box 2983</b> <b>Milwaukee, WI 53201</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.25</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number <b>0544</b>	
<b>Name and Address</b> <b>Kohls</b> <b>c/o Capital One</b> <b>N56 W 17000 Ridgewood Dr</b> <b>Menomonee Falls, WI 53051</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.25</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number <b>0544</b>	
<b>Name and Address</b> <b>Kohls</b> <b>c/o Kohls Credit</b> <b>Po Box 3120</b> <b>Milwaukee, WI 53201</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.25</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number <b>0544</b>	
<b>Name and Address</b> <b>Lawn Doctor</b> <b>P.O. Box 1264</b> <b>Toms River, NJ 08754</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.26</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number <b>0125</b>	
<b>Name and Address</b> <b>Lending Club</b> <b>Attn: Payment Solutions Dept.</b> <b>71 Stevenson Street</b> <b>Ste. 300</b> <b>San Francisco, CA 94105</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.27</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number <b>6107</b>	
<b>Name and Address</b> <b>Lending Club</b> <b>c/o Velocity Investments, LLC</b> <b>1800 Rte. 34 North</b> <b>Ste. 404A</b> <b>Belmar, NJ 07719</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.27</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number <b>6107</b>	
<b>Name and Address</b> <b>Lending Club/WebBank</b> <b>c/o Oliphant Financial</b> <b>PO Box 740882</b> <b>Atlanta, GA 30374-0882</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.27</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number <b>6107</b>	
<b>Name and Address</b> <b>Lord &amp; Taylor</b> <b>c/o Synch</b> <b>Po Box 30253</b> <b>Salt Lake City, UT 84130</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.28</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number <b>4881</b>	
<b>Name and Address</b> <b>Lord &amp; Taylor</b> <b>c/o Capital One Retail Services</b> <b>PO Box 71106</b> <b>Charlotte, NC 28272-1106</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.28</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number <b>4881</b>	
<b>Name and Address</b> <b>LVNV Funding/Capital One</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.11</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims

Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known)

**c/o Resurgent Capital Services**  
**Greenville, SC 29602**

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **5422**

Name and Address

**Macy's**  
**c/o Visa Dept Store National Bank**  
**Po Box 8218**  
**Mason, OH 45040**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.29** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **5720**

Name and Address

**Macy's**  
**PO Box 9001094**  
**Louisville, KY 40290-1094**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.29** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **4829**

Name and Address

**Macy's**  
**PO Box 8066**  
**Mason, OH 45040**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.29** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **5720**

Name and Address

**Manahawkin Open MRI**  
**Quality Asset Recovery**  
**7 Foster Ave Ste 101**  
**Gibbsboro, NJ 08026**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.30** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **6521**

Name and Address

**Manahawkin Open MRI**  
**1322 Route 72 W**  
**Manahawkin, NJ 08050**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.30** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **6521**

Name and Address

**Mandee**  
**c/o Comenity Bank**  
**Po Box 182789**  
**Columbus, OH 43218**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.31** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **9260**

Name and Address

**Mandee**  
**P.O. Box 182789**  
**Columbus, OH 43218**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.31** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **9260**

Name and Address

**Mandee**  
**c/o Comenity**  
**P.O. Box 659584**  
**San Antonio, TX 78265**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.31** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **9260**

Name and Address

**Merrick Bank**  
**PO Box 660702**  
**Dallas, TX 75266-0702**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.32** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **4029**

Name and Address

**Ocean County Superior Court**  
**Special Civil Part re DC-008712-18**  
**118 Washington Street**  
**Toms River, NJ 08754**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.43** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known)

Last 4 digits of account number

Name and Address

**Ocean County Superior Court  
Special Civil Part re SC003427-12  
118 Washington Street  
Toms River, NJ 08754**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.37** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Ocean Medical Imaging Center  
PO Box 403318  
Atlanta, GA 30384-3318**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.34** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**3252**

Name and Address

**Old Navy  
c/o Synchrony Bank  
Po Box 965005  
Orlando, FL 32896**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.35** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**9182**

Name and Address

**Old Navy  
P.O. Box 530942  
Atlanta, GA 30353**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.35** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**9182**

Name and Address

**OneMain  
Attn: Bankruptcy  
601 Nw 2nd St  
Evansville, IN 47708**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.36** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**2467**

Name and Address

**OneMain  
PO Box 3251  
Evansville, IN 47731-3250**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.36** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**2467**

Name and Address

**OneMain Financial  
Po Box 1010  
Evansville, IN 47706**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.36** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**2467**

Name and Address

**Rutgers  
Robert Wood Johnson Medical  
School  
PO Box 15278  
Newark, NJ 07192-5278**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.38** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**9522**

Name and Address

**Santander Consumer USA  
Po Box 961275  
Fort Worth, TX 76161**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.8** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**1000**

Name and Address

**Score Rewards  
c/o Synchrony Bank  
PO Box 530916  
Atlanta, GA 30353-0916**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.7** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**0743**

Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known)

Name and Address

**Sothern Ocean City Hospital OP  
Meridian  
1140 Route 72 W, Manahawkin, NJ  
08050  
Manahawkin, NJ 08050**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.41** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**0815**

Name and Address

**Souther Ocean Medical Center  
Meridian Health Pt Pymt  
PO Box 417140  
Boston, MA 02241**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.40** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**7912**

Name and Address

**Synchrony Bank  
PO Box 965033  
Orlando, FL 32896-5033**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.44** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**8111**

Name and Address

**Target  
Po Box 673  
Minneapolis, MN 55440**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.42** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**2458**

Name and Address

**Target Card Services  
PO Box 660170  
Dallas, TX 75266**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.42** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**7038**

Name and Address

**TD Bank USA, N.A.  
P.O. Box 16029  
Lewiston, ME 04243**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.43** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**1218**

Name and Address

**TJX  
c/o Synchrony Bank  
Po Box 965015  
Orlando, FL 32896**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.44** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**0533**

Name and Address

**TJX  
c/o Synchrony Bank  
Attn: Bankruptcy Dept  
Po Box 965060  
Orlando, FL 32896**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.44** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**8111**

Name and Address

**TJX  
c/o Synchrony Bank  
PO Box 965064  
Orlando, FL 32896-5064**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.44** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**8111**

Name and Address

**TJX  
P. O. Box 530949  
Atlanta, GA 30353-0949**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.44** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**0533**

Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known)

Name and Address

**TJX Rewards**  
**c/o Synch**  
**PO Box 530948**  
**Atlanta, GA 30353-0948**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.44** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**0533**

Name and Address

**Venus**  
**c/o Comenitybank**  
**Po Box 182789**  
**Columbus, OH 43218**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.46** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**7544**

Name and Address

**Venus**  
**c/o Comenity**  
**PO Box 659617**  
**San Antonio, TX 78265-9617**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.46** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**7544**

Name and Address

**Venus**  
**11711 Marco Beach Dr**  
**Jacksonville, FL 32224**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.46** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**7544**

Name and Address

**Victoria Secret**  
**c/o Comenity Bank**  
**Po Box 182789**  
**Columbus, OH 43218**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.47** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**3377**

Name and Address

**Victoria Secret**  
**P.O. Box 659728**  
**San Antonio, TX 78265**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.47** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**3377**

Name and Address

**Walmart**  
**c/o Synchrony Bank**  
**Po Box 965024**  
**Orlando, FL 32896**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.48** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**0682**

Name and Address

**Walmart**  
**c/o Synchrony Bank**  
**Attn: Bankruptcy Dept**  
**Po Box 965060**  
**Orlando, FL 32896**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.48** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**0682**

Name and Address

**Walmart**  
**c/o Synchrony Bank**  
**PO Box 9655022**  
**Orlando, FL 32896-5022**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.48** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**0682**

Name and Address

**Walmart**  
**P.O. Box 530927**  
**Atlanta, GA 30359-0927**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.48** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known)

Last 4 digits of account number **3309**

Name and Address

**WebBank**  
**215 State St. #800**  
**Lake City, UT 84111**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.27** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **4532**

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	6a. Domestic support obligations	6a.	\$	<b>0.00</b>
	6b. Taxes and certain other debts you owe the government	6b.	\$	<b>0.00</b>
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	<b>0.00</b>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	<b>0.00</b>
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$	<b>0.00</b>
Total claims from Part 2	6f. Student loans	6f.	\$	<b>188,824.00</b>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	<b>0.00</b>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	<b>0.00</b>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	<b>74,810.45</b>
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$	<b>263,634.45</b>



**Fill in this information to identify your case:**

Debtor 1	<b>Robert Patrick Angellella</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Deborah Lynn Angellella</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number (if known)			

☐ Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?**  
☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1	<b>Ally Financial Attn: Bankruptcy Dept Po Box 380901 Bloomington, MN 55438</b>	<b>Acct# 628918964682 2012 Chrysler 200 140,000 miles</b>
2.2	<b>Chrysler Capital PO Box 660647 Dallas, TX 75266-0647</b>	<b>2016 Dodge Durango</b>
2.3	<b>Kia Motors Finance PO Box 660891 Dallas, TX 75266-0891</b>	<b>2016 Kia Optima</b>
2.4	<b>Mariner Finance, Llc 8211 Town Center Dr Nottingham, MD 21236</b>	<b>Acct# 300201067816 2006 Hummer H3 225,000 miles</b>

**Fill in this information to identify your case:**

Debtor 1	<b>Robert Patrick Angellella</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Deborah Lynn Angellella</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>DISTRICT OF NEW JERSEY</u>			
Case number _____ (if known)			

☐ Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

**Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.**

**1. Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☒ No  
☐ Yes

**2. Within the last 8 years, have you lived in a community property state or territory?** (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.*)

- ☒ No. Go to line 3.  
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

**3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

**Column 1: Your codebtor**

Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3.1

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

- ☐ Schedule D, line \_\_\_\_\_  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G, line \_\_\_\_\_

3.2

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

- ☐ Schedule D, line \_\_\_\_\_  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1 Robert Patrick Angellella

Debtor 2 Deborah Lynn Angellella  
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number \_\_\_\_\_  
(If known)

Check if this is:

- ☐ An amended filing  
☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

How long employed there?

Debtor 1

- ☒ Employed  
☐ Not employed

Debtor 2 or non-filing spouse

- ☒ Employed  
☐ Not employed

Glendenning Mortgage

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>0.00</u>	\$ <u>4,311.40</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>0.00</u>	\$ <u>4,311.40</u>

Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known) \_\_\_\_\_

	For Debtor 1	For Debtor 2 or non-filing spouse
<b>Copy line 4 here</b> .....	4. \$ <b>0.00</b>	\$ <b>4,311.40</b>
<b>5. List all payroll deductions:</b>		
5a. <b>Tax, Medicare, and Social Security deductions</b>	5a. \$ <b>0.00</b>	\$ <b>331.81</b>
5b. <b>Mandatory contributions for retirement plans</b>	5b. \$ <b>0.00</b>	\$ <b>0.00</b>
5c. <b>Voluntary contributions for retirement plans</b>	5c. \$ <b>0.00</b>	\$ <b>0.00</b>
5d. <b>Required repayments of retirement fund loans</b>	5d. \$ <b>0.00</b>	\$ <b>152.36</b>
5e. <b>Insurance</b>	5e. \$ <b>0.00</b>	\$ <b>1,226.85</b>
5f. <b>Domestic support obligations</b>	5f. \$ <b>0.00</b>	\$ <b>0.00</b>
5g. <b>Union dues</b>	5g. \$ <b>0.00</b>	\$ <b>0.00</b>
5h. <b>Other deductions.</b> Specify: _____	5h.+ \$ <b>0.00</b>	+ \$ <b>0.00</b>
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <b>0.00</b>	\$ <b>1,711.02</b>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ <b>0.00</b>	\$ <b>2,600.38</b>
<b>8. List all other income regularly received:</b>		
8a. <b>Net income from rental property and from operating a business, profession, or farm</b> Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>0.00</b>	\$ <b>0.00</b>
8b. <b>Interest and dividends</b>	8b. \$ <b>0.00</b>	\$ <b>0.00</b>
8c. <b>Family support payments that you, a non-filing spouse, or a dependent regularly receive</b> Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>0.00</b>	\$ <b>0.00</b>
8d. <b>Unemployment compensation</b>	8d. \$ <b>0.00</b>	\$ <b>0.00</b>
8e. <b>Social Security</b>	8e. \$ <b>2,309.00</b>	\$ <b>0.00</b>
8f. <b>Other government assistance that you regularly receive</b> Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ <b>0.00</b>	\$ <b>0.00</b>
8g. <b>Pension or retirement income</b>	8g. \$ <b>0.00</b>	\$ <b>0.00</b>
8h. <b>Other monthly income.</b> Specify: _____	8h.+ \$ <b>0.00</b>	+ \$ <b>0.00</b>
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <b>2,309.00</b>	\$ <b>0.00</b>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <b>2,309.00</b> + \$ <b>2,600.38</b>	= \$ <b>4,909.38</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: _____	11. +\$ <b>0.00</b>	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related Data, if it applies	12. \$ <b>4,909.38</b> <b>Combined monthly income</b>	
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1 Robert Patrick Angellella

Debtor 2 Deborah Lynn Angellella  
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number  
(If known) \_\_\_\_\_

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

\_\_\_\_\_  
MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

child

25

☐ No

☒ Yes

child

28

☐ No

☒ Yes

☐ No

☐ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 2,801.91

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 150.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known) \_\_\_\_\_

**6. Utilities:**

6a. Electricity, heat, natural gas	6a. \$	<b>500.00</b>
6b. Water, sewer, garbage collection	6b. \$	<b>75.00</b>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	<b>685.00</b>
6d. Other. Specify: _____	6d. \$	<b>0.00</b>

**7. Food and housekeeping supplies**

7. \$ **1,075.00**

**8. Childcare and children's education costs**

8. \$ **0.00**

**9. Clothing, laundry, and dry cleaning**

9. \$ **200.00**

**10. Personal care products and services**

10. \$ **100.00**

**11. Medical and dental expenses**

11. \$ **200.00**

**12. Transportation.** Include gas, maintenance, bus or train fare.

Do not include car payments.

12. \$ **500.00**

**13. Entertainment, clubs, recreation, newspapers, magazines, and books**

13. \$ **100.00**

**14. Charitable contributions and religious donations**

14. \$ **100.00**

**15. Insurance.**

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance 15a. \$ **75.00**

15b. Health insurance 15b. \$ **0.00**

15c. Vehicle insurance 15c. \$ **416.00**

15d. Other insurance. Specify: \_\_\_\_\_ 15d. \$ **0.00**

**16. Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: \_\_\_\_\_

16. \$ **0.00**

**17. Installment or lease payments:**

17a. Car payments for Vehicle 1 17a. \$ **563.00**

17b. Car payments for Vehicle 2 17b. \$ **413.36**

17c. Other. Specify: **Other Loans Car** 17c. \$ **403.68**

17d. Other. Specify: **Car Lease** 17d. \$ **227.38**

**18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).**

18. \$ **0.00**

**19. Other payments you make to support others who do not live with you.**

\$ **0.00**

Specify: \_\_\_\_\_

19. \$ **0.00**

**20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

20a. Mortgages on other property 20a. \$ **0.00**

20b. Real estate taxes 20b. \$ **0.00**

20c. Property, homeowner's, or renter's insurance 20c. \$ **0.00**

20d. Maintenance, repair, and upkeep expenses 20d. \$ **0.00**

20e. Homeowner's association or condominium dues 20e. \$ **0.00**

21. Other: Specify: \_\_\_\_\_ 21. +\$ **0.00**

**22. Calculate your monthly expenses**

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

\$ **8,585.33**

\$

\$ **8,585.33**

**23. Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ **4,909.38**

23b. Copy your monthly expenses from line 22c above.

23b. -\$ **8,585.33**

23c. Subtract your monthly expenses from your monthly income.  
The result is your *monthly net income*.

23c. \$ **-3,675.95**

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here: \_\_\_\_\_

**Fill in this information to identify your case:**

Debtor 1 **Robert Patrick Angellella**  
First Name Middle Name Last Name

Debtor 2 **Deborah Lynn Angellella**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Robert Patrick Angellella

**Robert Patrick Angellella**  
Signature of Debtor 1

Date October 17, 2018

X /s/ Deborah Lynn Angellella

**Deborah Lynn Angellella**  
Signature of Debtor 2

Date October 17, 2018

**Fill in this information to identify your case:**

Debtor 1 **Robert Patrick Angellella**  
First Name Middle Name Last Name

Debtor 2 **Deborah Lynn Angellella**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

**Official Form 107**

**Statement of Financial Affairs for Individuals Filing for Bankruptcy**

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before**

**1. What is your current marital status?**

- ☒ Married  
☐ Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

- ☒ No  
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

**Debtor 1 Prior Address:**

**Dates Debtor 1 lived there**

**Debtor 2 Prior Address:**

**Dates Debtor 2 lived there**

**3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?** (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.*)

- ☒ No  
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

**Part 2 Explain the Sources of Your Income**

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No  
☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
<b>For last calendar year: (January 1 to December 31, 2017 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$37,533.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$0.00</b>



Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known) \_\_\_\_\_

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
<b>For the calendar year before that: (January 1 to December 31, 2016 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips  <input type="checkbox"/> Operating a business	<b>\$34,282.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips  <input type="checkbox"/> Operating a business	<b>\$0.00</b>

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No  
☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
<b>For last calendar year: (January 1 to December 31, 2017 )</b>	<b>Social Security Benefits</b>	<b>\$28,740.00</b>		
<b>For the calendar year before that: (January 1 to December 31, 2016 )</b>	<b>Social Security Benefits</b>	<b>\$28,655.00</b>		

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

- ☐ No. Go to line 7.  
☐ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☒ No. Go to line 7.  
☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
-----------------------------	------------------	-------------------	----------------------	--------------------------

Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known) \_\_\_\_\_

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**  
*Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.*

- ☒ No  
☐ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**  
Include payments on debts guaranteed or cosigned by an insider.

- ☒ No  
☐ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
----------------------------	------------------	-------------------	----------------------	--

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**  
List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No  
☒ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
<b>Td Bank Usa N A v Robert Angellella DC-008712-18</b>	<b>Civil</b>	<b>Ocean County Superior Court Special Civil Part - DC-008712-18 118 Washington Street Toms River, NJ 08754</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
<b>Orthopaedic Institut v Robert Angellella SC-003427-12</b>	<b>Small Claim</b>	<b>Ocean County Superior Court Special Civil Part - SC-003427-12 118 Washington Street Toms River, NJ 08754</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
<b>Unknown Plaintiff vs Unknown Defendant 0910017KCF</b>	<b>BankruptcyChapt er7</b>	<b>US BKPT CT NJ TRENTON</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
<b>Discharged - 0.00</b>			
<b>Td Bank Usa N A vs ROBERT ANGELLELLA DC00871218</b>	<b>CIVIL NEW FILING</b>	<b>OCEAN COUNTY SPECIAL CIVIL PART</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
<b>- 3,178.00</b>			
<b>Orthopaedic Institut vs ROBERT ANGELLELLA SC00342712</b>	<b>SMALL CLAIMS JUDGMENT</b>	<b>OCEAN COUNTY SPECIAL CIVIL PART</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
<b>- 172.00</b>			

Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known) \_\_\_\_\_

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

- ☐ No. Go to line 11.  
☐ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
---------------------------	--	------	-----------------------

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☐ No  
☐ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☐ No  
☐ Yes

**Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☐ No  
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☐ No  
☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Dates you contributed	Value
Charity's Name Address (Number, Street, City, State and ZIP Code)			

**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☐ No  
☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	Value of property lost
--	---	-------------------	------------------------

Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known)

**Part 7:** List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?  
Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☐ No  
☒ Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
William H. Oliver, Jr. 2240 Highway 33 Suite 112 Neptune, NJ 07753 bkwoliver@aol.com	Attorney Fees		\$3,500.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  
Do not include any payment or transfer that you listed on line 16.

- ☒ No  
☐ Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
--------------------------------	---	-----------------------------------	-------------------

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No  
☐ Yes. Fill in the details.

Person Who Received Transfer Address Person's relationship to you	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
---	---	--	------------------------

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No  
☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	------------------------

**Part 8:** List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No  
☐ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known)

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☐ No  
☐ Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	--	-----------------------	-----------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☐ No  
☐ Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	-----------------------

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☐ No  
☐ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
--	--	-----------------------	-------

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- ☐ **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- ☐ **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- ☐ **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☐ No  
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

25. Have you notified any governmental unit of any release of hazardous material?

- ☐ No  
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known) \_\_\_\_\_

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☐ No  
☐ Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
---------------------------	--	--------------------	--------------------

**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)  
☐ A partner in a partnership  
☐ An officer, director, or managing executive of a corporation  
☐ An owner of at least 5% of the voting or equity securities of a corporation

- ☒ No. None of the above applies. Go to Part 12.  
☐ Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
--	---	--

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☐ No  
☐ Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
---	-------------

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Robert Patrick Angellella  
Robert Patrick Angellella  
Signature of Debtor 1

/s/ Deborah Lynn Angellella  
Deborah Lynn Angellella  
Signature of Debtor 2

Date October 17, 2018

Date October 17, 2018

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☐ No  
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☐ No  
☐ Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1 **Robert Patrick Angellella**  
First Name Middle Name Last Name

Debtor 2 **Deborah Lynn Angellella**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

## Official Form 108 Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- ☒ creditors have claims secured by your property, or
- ☒ you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: <b>Ally Financial</b>	<input type="checkbox"/> Surrender the property.	<input type="checkbox"/> No
Description of property securing debt: <b>2012 Chrysler 200 140,000 miles</b>	<input type="checkbox"/> Retain the property and redeem it.	<input checked="" type="checkbox"/> Yes
	<input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .	
	<input type="checkbox"/> Retain the property and [explain]:	
Creditor's name: <b>Ditech</b>	<input type="checkbox"/> Surrender the property.	<input type="checkbox"/> No
Description of property securing debt: <b>2 Mimi Place Manahawkin, NJ 08050 Ocean County FMV - \$642,000 Less COS - \$83,460</b>	<input type="checkbox"/> Retain the property and redeem it.	<input checked="" type="checkbox"/> Yes
	<input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .	
	<input type="checkbox"/> Retain the property and [explain]:	
Creditor's name: <b>Mariner Finance, LLC</b>	<input type="checkbox"/> Surrender the property.	<input type="checkbox"/> No
Description of property: <b>2006 Hummer H3 225,000 miles</b>	<input type="checkbox"/> Retain the property and redeem it.	<input checked="" type="checkbox"/> Yes
	<input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .	
	<input type="checkbox"/> Retain the property and [explain]:	

Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known) \_\_\_\_\_

securing debt: \_\_\_\_\_

Creditor's name: **The Bank of New York**

Description of property: **2 Mimi Place Manahawkin, NJ  
08050 Ocean County**  
securing debt: **FMV - \$642,000  
Less COS - \$83,460**

- ☐ Surrender the property.  
☐ Retain the property and redeem it.  
☒ Retain the property and enter into a  
Reaffirmation Agreement.  
☐ Retain the property and [explain]: \_\_\_\_\_

☐ No  
☒ Yes

**Part 2: List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

**Describe your unexpired personal property leases**

**Will the lease be assumed?**

Lessor's name: **Ally Financial**

☐ No  
☒ Yes

Description of leased Property: **Acct# 628918964682  
2012 Chrysler 200 140,000 miles**

Lessor's name: **Chrysler Capital**

☐ No  
☒ Yes

Description of leased Property: **2016 Dodge Durango**

Lessor's name: **Kia Motors Finance**

☐ No  
☒ Yes

Description of leased Property: **2016 Kia Optima**

Lessor's name: **Mariner Finance, LLC**

☐ No  
☒ Yes

Description of leased Property: **Acct# 300201067816  
2006 Hummer H3 225,000 miles**

**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

**X** /s/ Robert Patrick Angellella  
**Robert Patrick Angellella**  
Signature of Debtor 1

**X** /s/ Deborah Lynn Angellella  
**Deborah Lynn Angellella**  
Signature of Debtor 2



Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known) \_\_\_\_\_

Date **October 17, 2018** \_\_\_\_\_

Date **October 17, 2018** \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1 Robert Patrick Angellella

Debtor 2 Deborah Lynn Angellella  
(Spouse, if filing)

United States Bankruptcy Court for the: District of New Jersey

Case number \_\_\_\_\_  
(if known)

Check one box only as directed in this form and in Form 122A-1Supp:

- ☒ 1. There is no presumption of abuse
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

## Official Form 122A - 1

### Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

#### Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

☐ Not married. Fill out Column A, lines 2-11.

☒ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

☐ Married and your spouse is NOT filing with you. You and your spouse are:

☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.

☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 0.00	\$ 4,311.40
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ 0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ 0.00	\$ 0.00
5. Net income from operating a business, profession, or farm		
	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from a business, profession, or farm	\$ 0.00	\$ 0.00
6. Net income from rental and other real property		
	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from rental or other real property	\$ 0.00	\$ 0.00
7. Interest, dividends, and royalties	\$ 0.00	\$ 0.00

Debtor 1  
Debtor 2

**Robert Patrick Angellella**  
**Deborah Lynn Angellella**

Case number (if known)

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
<b>8. Unemployment compensation</b> Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you ..... \$ <b>2,309.00</b> For your spouse ..... \$ <b>0.00</b>	\$ <b>0.00</b>	\$ <b>0.00</b>
<b>9. Pension or retirement income.</b> Do not include any amount received that was a benefit under the Social Security Act.	\$ <b>0.00</b>	\$ <b>0.00</b>
<b>10. Income from all other sources not listed above.</b> Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. ..... ..... Total amounts from separate pages, if any.	\$ <b>0.00</b> \$ <b>0.00</b> + \$ <b>0.00</b>	\$ <b>0.00</b> \$ <b>0.00</b> \$ <b>0.00</b>
<b>11. Calculate your total current monthly income.</b> Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ <b>0.00</b>	\$ <b>4,311.40</b>
	+	\$ <b>4,311.40</b> <small>Total current monthly income</small>

**Part 2: Determine Whether the Means Test Applies to You**

**12. Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11 ..... **Copy line 11 here=>** \$ **4,311.40**

Multiply by 12 (the number of months in a year) x 12

12b. The result is your annual income for this part of the form 12b. \$ **51,736.80**

**13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live. **NJ**

Fill in the number of people in your household. **4**

Fill in the median family income for your state and size of household. 13. \$ **121,226.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**14. How do the lines compare?**

14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.

14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

**X /s/ Robert Patrick Angellella**  
**Robert Patrick Angellella**  
Signature of Debtor 1

Date **October 17, 2018**  
MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

**X /s/ Deborah Lynn Angellella**  
**Deborah Lynn Angellella**  
Signature of Debtor 2

Date **October 17, 2018**  
MM / DD / YYYY

Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known) \_\_\_\_\_

### Current Monthly Income Details for the Debtor

#### Debtor Income Details:

Income for the Period **04/01/2018** to **09/30/2018**.

#### Line 8 ssa - Unemployment compensation (Non-CMI)

Source of Income: **Soc Sec**

Income by Month:

6 Months Ago:	<u>04/2018</u>	<u>\$2,309.00</u>
5 Months Ago:	<u>05/2018</u>	<u>\$2,309.00</u>
4 Months Ago:	<u>06/2018</u>	<u>\$2,309.00</u>
3 Months Ago:	<u>07/2018</u>	<u>\$2,309.00</u>
2 Months Ago:	<u>08/2018</u>	<u>\$2,309.00</u>
Last Month:	<u>09/2018</u>	<u>\$2,309.00</u>
	Average per month:	<u>\$2,309.00</u>

Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known) \_\_\_\_\_

### Current Monthly Income Details for the Debtor's Spouse

**Spouse Income Details:**

Income for the Period **04/01/2018** to **09/30/2018**.

**Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions**

Source of Income: **Employer : Glendenning Mortgage**

Constant income of **\$4,311.40** per month.\*

Debtor 1 **Robert Patrick Angellella**  
Debtor 2 **Deborah Lynn Angellella**

Case number (if known)

**\*Paycheck Details:**

**Glendenning Mortgage**

Date	Earnings	Overtime	Taxes	Other	Net Check
2018-04-06	1,001.25	0.00	78.56	318.28	604.41
2018-04-13	1,048.53	0.00	83.51	318.28	646.74
2018-04-20	1,065.22	0.00	85.38	318.28	661.56
2018-04-27	1,048.53	0.00	83.54	318.28	646.71
2018-05-04	940.06	0.00	72.22	318.28	549.56
2018-05-11	1,015.16	0.00	79.99	318.28	616.89
2018-05-18	1,012.38	0.00	79.73	318.28	614.37
2018-05-25	1,098.59	0.00	89.06	318.28	691.25
2018-06-01	973.44	0.00	75.67	318.28	579.49
2018-06-08	995.69	0.00	77.99	318.28	599.42
2018-06-15	1,065.22	0.00	85.36	318.28	661.58
2018-06-22	1,048.53	0.00	83.52	318.28	646.73
2018-06-29	1,023.50	0.00	80.88	318.28	624.34
2018-07-06	1,098.59	0.00	89.05	318.28	691.26
2018-07-13	928.94	0.00	71.07	318.28	539.59
2018-07-20	1,015.16	0.00	80.00	318.28	616.88
2018-07-27	1,006.81	0.00	79.12	318.28	609.41
2018-08-03	1,040.19	0.00	82.61	318.28	639.30
2018-08-10	940.06	0.00	72.24	318.28	549.54
2018-08-17	945.63	0.00	72.78	318.28	554.57
2018-08-24	1,006.81	0.00	75.07	318.28	613.46
2018-08-31	981.78	0.00	69.62	318.28	593.88
2018-09-07	884.44	0.00	60.23	318.28	505.93
2018-09-14	945.63	0.00	66.13	318.28	561.22
2018-09-21	965.09	0.00	68.01	318.28	578.80
2018-09-28	773.19	0.00	49.49	318.28	405.42
Totals:	25,868.42	0.00	1,990.83	8,275.28	15,602.31

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

**You are an individual filing for bankruptcy,**  
and

**Your debts are primarily consumer debts.**  
*Consumer debts* are defined in 11 U.S.C.  
§ 101(8) as "incurred by an individual  
primarily for a personal, family, or  
household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under  
one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan  
for family farmers or  
fishermen

Chapter 13 - Voluntary repayment plan  
for individuals with regular  
income

**You should have an attorney review your  
decision to file for bankruptcy and the choice of  
chapter.**

### Chapter 7: Liquidation

\$245	filing fee
\$75	administrative fee
+	\$15 trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

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## Chapter 11: Reorganization

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	\$1,167	filing fee
+	\$550	administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.



### Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

#### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

#### Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:  
[http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

### **Bankruptcy crimes have serious consequences**

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### **Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### **Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:  
[http://justice.gov/ust/eo/hapcpa/ccde/cc\\_approved.html](http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html).

In Alabama and North Carolina, go to:  
<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court**  
**District of New Jersey**

In re **Robert Patrick Angellella**  
**Deborah Lynn Angellella**

Debtor(s)

Case No.

Chapter

**7**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<b>3,500.00</b>
Prior to the filing of this statement I have received .....	\$	<b>3,500.00</b>
Balance Due .....	\$	<b>0.00</b>

2. \$ **335.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

4. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- [Other provisions as needed]

**Exemption planning and filing of reaffirmation agreements.**

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Defense or prosecution of any adversarial complaint including non-dischargeable; Defense or prosecution of relief for stay motion; Challenge or avoidance of any proof of claim; Additional 341(a) appearance or confirmation hearing; Motion for loan modification or to sell or refinance real estate; Application to employ professional; Conversion from or to Chapter 7 to 13 or conversion from or to Chapter 13 to 7; Notice of settlement of controversy; Amendments to add additional creditors; Costs relating to credit reports, judgment searches, couriers, experts, travel and/or extraordinary Pacer or duplication costs/charges, etc. Response to audit or United States Trustee objection to case; Preparation and/or appearance at 2004 deposition. Negotiations with secured creditors.**

**The Debtor(s) has agreed that this office may hire another attorney to appear for the debtor(s) at the 341 hearing.**

In re **Robert Patrick Angellella**  
**Deborah Lynn Angellella**

Debtor(s)

Case No. \_\_\_\_\_

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**  
(Continuation Sheet)

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**October 17, 2018**

*Date*

**/s/ William H. Oliver, Jr.**

**William H. Oliver, Jr.**

*Signature of Attorney*

**William H. Oliver, Jr.**

**2240 Highway 33**

**Suite 112**

**Neptune, NJ 07753**

**732-988-1500 Fax: 732-775-7404**

**bkwoliver@aol.com**

*Name of law firm*

**United States Bankruptcy Court  
District of New Jersey**

In re Robert Patrick Angellella Case No. \_\_\_\_\_  
Deborah Lynn Angellella Debtor(s) Chapter 7

**VERIFICATION OF CREDITOR MATRIX**

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: October 17, 2018 /s/ Robert Patrick Angellella  
Robert Patrick Angellella  
Signature of Debtor

Date: October 17, 2018 /s/ Deborah Lynn Angellella  
Deborah Lynn Angellella  
Signature of Debtor

Aes/nct  
Attn: Bankruptcy Dept  
Po Box 2461  
Harrisburg, PA 17105

Aes/nct  
Pob 61047  
Harrisburg, PA 17106

Ally  
c/o Payment Processing Center  
Phoenix, AZ 85062-8234

Ally  
PO Box 380902  
Minneapolis, MN 55438-0902

Ally Financial  
Attn: Bankruptcy Dept  
Po Box 380901  
Bloomington, MN 55438

Ally Financial  
200 Renaissance Ctr  
Detroit, MI 48243

Barclays  
PO Box 13337  
Philadelphia, PA 19101-3337

Barclays Bank Delaware  
Attn: Correspondence  
Po Box 8801  
Wilmington, DE 19899

Barclays Bank Delaware  
Po Box 8803  
Wilmington, DE 19899

Best Buy  
c/o Citibank North America  
50 Northwest Point Road  
Elk Grove Village, IL 60007

Best Buy Credit Servies  
PO Box 78009  
Phoenix, AZ 85062-8009

Best Buy/Citibank North America  
c/o Citibank Corp  
Attn: Centralized Bankruptcy  
Po Box 790034  
St Louis, MO 63179

BP LCC  
c/o Synco  
Attn: Bankruptcy  
Po Box 965060  
Orlando, FL 32896

BPLCC  
c/o Synco  
Po Box 965024  
Orlando, FL 32896

BPLCC  
P.O. Box 11956  
Newark, NJ 07101

Capital One  
c/o Portfolio Recovery Associates, LLC  
PO Box 12914  
Norfolk, VA 23541

Capital One  
15000 Capital One Dr  
Richmond, VA 23238

Capital One  
Attn: Bankruptcy  
Po Box 30285  
Salt Lake City, UT 84130

Capital One  
PO Box 6492  
Carol Stream, IL 60197-6492

Capital One Bank (USA), N.A.  
4851 Cox Rd.  
Glen Allen, VA 23060

Capital One, NA  
c/o Radius  
PO Box 390846  
Minneapolis, MN 55439

CardWorks  
c/o Merrick Bank  
Attn: Bankruptcy  
Po Box 9201  
Old Bethpage, NY 11804

CardWorks  
c/o Merrick Bank  
Po Box 9201  
Old Bethpage, NY 11804

Cardworks Servicing  
P.O. box 9201  
Old Bethpage, NY 11804

Care Credit  
c/o Synchrony Bank  
Po Box 965005  
Orlando, FL 32896

Care Credit  
GE Money Bank  
P.O. Box 960061  
Orlando, FL 32896-0061

Chrisler Capital  
c/o Santander Consumer USA  
Attn: Bankruptcy  
Po Box 961245  
Fort Worth, TX 76161

Citi Cards  
PO Box 9001016  
Louisville, KY 40290-1016

Coastal Healthcare  
c/o Bureau of Accounts Control  
PO Box 538  
Howell, NJ 07731-0538



Coastal Healthcare  
1659 Route 88, Suite 2B  
Brick, NJ 08724

Costco Go Anywhere Citicard  
c/o Citicorp Credit Services  
Attn: Centralized Ban  
Po Box 790040  
St. Louis, MO 64195

Costco Go Anywhere Citicard  
Po Box 6190  
Sioux Falls, SD 57117

Credit One  
c/o Midland Funding, LLC  
PO Box 2001  
Warren, MI 48090

Credit One Bank  
Po Box 98872  
Las Vegas, NV 89193

Credit One Bank  
Attn: Bankruptcy  
Po Box 98873  
Las Vegas, NV 89193

Credit One Bank  
PO Box 60500  
City of Industry, CA 91716-0500

Credit One Bank N.A./LVNV Funding LLC  
c/o Alltran Financial, LP  
PO Box 610  
Sauk Rapids, MN 56379-0610

Credit One Bank N.A./LVNV Funding LLC  
c/o Halsted Financial Services, LLC  
PO Box 828  
Skokie, IL 60076

Credit One Bank N.A./Resurgent Capital  
c/o LVNV Funding  
Attn: Bankruptcy  
Po Box 10497  
Greenville, SC 29603

Credit One Bank, N.A.  
PO Box 98873  
Las Vegas, NV 89193

Credit One Bank, N.A.  
c/o Resurgent Capital Services  
PO Box 10466  
Greenville, SC 29603

Credit One Bank, N.A. / LVNV Funding, LL  
c/o Alltran Financial LP  
PO Box 610  
Sauk Rapids, MN 56379-0610

Credit One Bank/Midland Funding, LLC  
c/o Atlantic Credit & Finance  
PO Box 2001  
Warren, MI 48090

Dept of Ed / Navient  
Attn: Claims Dept  
Po Box 9635  
Wilkes Barr, PA 18773

Dept of Ed / Navient  
Po Box 9635  
Wilkes Barre, PA 18773

Discover Student Loans  
Attn: Bankruptcy  
Po Box 30948  
Salt Lake City, UT 84130

Discover Student Loans  
Po Box 30948  
Salt Lake City, UT 84130

Ditech  
Attn: Bankruptcy  
Po Box 6172  
Rapid City, SD 57709

Ditech  
332 Minnesota St Ste 610  
Saint Paul, MN 55101

Ditech  
PO Box 94710  
Palatine, IL 60094-4710

DNF Associates  
352 Sonwil Dr.  
Buffalo, NY 14225

Dressbarn  
c/o Capital One  
PO Box 71106  
Charlotte, NC 28272-1106

Dressbarn  
P.O. Box 659704  
San Antonio, TX 78265

Dressbarn  
c/o Capital One  
Po Box 30258  
Salt Lake City, UT 84130

First Horizon Alternative Mortgage  
Securities Trust  
8950 Cypress Waters Blvd.,  
Coppell, TX 75019

First Premier Bank  
Attn: Bankruptcy  
Po Box 5524  
Sioux Falls, SD 57117

First Premier Bank  
3820 N Louise Ave  
Sioux Falls, SD 57107

First Premier Bank  
PO Box 5529  
Sioux Falls, SD 57117-5529

First Premier Bank  
PO Box 5519  
Sioux Falls, SD 57117-5519

First Savings Credit Card  
Attn: Bankruptcy Department  
Po Box 5019  
Sioux Falls, SD 57117

First Savings Credit Card  
500 E 60th St N  
Sioux Falls, SD 57104

First Savings Credit Card  
PO Box 2509  
Omaha, NE 68103-2509

Genesis Bankcard Services  
Po Box 4477  
Beaverton, OR 97076

Genesis Bankcard Services  
Po Box 4499  
Beaverton, OR 97076

Genesis FS Card Services  
PO Box 84059  
Columbus, GA 31908-4059

Genesis FS Card Services  
PO Box 4499  
Beaverton, OR 97076-4499

Goodyear  
c/o Citibank Corp  
Attn: Centralized Bankruptcy  
Po Box 790034  
St Louis, MO 63179

Goodyear  
c/o Citibank  
Po Box 6497  
Sioux Falls, SD 57117

Goodyear Credit Card Plan  
Bankruptcy Dept.  
P.O. Box 8003  
Akron, OH 44316

Hackensack Meridian Health  
PO Box 650292  
Dallas, TX 75265-0292

Health Village Imaging Llc  
c/o Quality Asset Recovery  
Attn: Bankruptcy  
Po Box 239  
Gibbsboro, NJ 08026

Health Village Imaging LLC  
c/o Quality Asset Recovery  
7 Foster Ave Ste 101  
Gibbsboro, NJ 08026

Health Village Imaging, LLC  
PO Box 42965  
Philadelphia, PA 19101

Institute of Ortho Surgery & Sports Med  
249 South Main Street  
Ste. 5  
Barnegat, NJ 08005-2301

Institute Of Orthopaedic Surge  
c/o Quality Asset Recovery  
Attn: Bankruptcy  
Po Box 239  
Gibbsboro, NJ 08026

Institute of Orthopaedic Surgery  
c/o Quality Asset Recovery  
7 Foster Ave Ste 101  
Gibbsboro, NJ 08026

Institute of Orthopaedic Surgery  
249 South Main St  
Ste 5  
Barnegat, NJ 08005

Institute of Orthopedic Surgery & Sports  
20 Cambridge Dr., Ste. A  
Matawan, NJ 07747-2256

JC Penney  
PO Box 981403  
El Paso, TX 79998-1403

JC Penneys  
c/o Synchrony Bank  
Attn: Bankruptcy Dept  
Po Box 965060  
Orlando, FL 32896

JC Penneys  
c/o Synchrony Bank  
Po Box 965007  
Orlando, FL 32896

JCP  
c/o Synchrony  
PO Box 960090  
Orlando, FL 32896-0090

Kia Motors Finance  
Po Box 20825  
Fountain Valley, CA 92728

Kia Motors Finance  
4000 Macarthur Blvd Ste  
Newport Beach, CA 92660

Kia Motors Finance  
PO Box 660891  
Dallas, TX 75266-0891

Kohl's  
P. O. Box 3043  
Milwaukee, WI 53201-3043

Kohl's  
c/o Capital One  
P.O. Box 85105  
Boston, MA 02205

Kohl's Payment Center  
P.O. Box 2983  
Milwaukee, WI 53201

Kohl's/Capital One, N.A.  
c/o Merchants & Medical  
Credit Corporation, Inc.  
6324 Taylor Dr.  
Flint, MI 48507-4685

Kohls  
c/o Capital One  
N56 W 17000 Ridgewood Dr  
Menomonee Falls, WI 53051

Kohls  
c/o Kohls Credit  
Po Box 3120  
Milwaukee, WI 53201

Lawn Doctor  
c/o American Profit Recovery  
34505 W. 12 Mile Rd., Ste. 333  
Farmington, MI 48331

Lawn Doctor  
P.O. Box 1264  
Toms River, NJ 08754

Lending Club  
Attn: Payment Solutions Dept.  
71 Stevenson Street  
Ste. 300  
San Francisco, CA 94105

Lending Club  
c/o Velocity Investments, LLC  
1800 Rte. 34 North  
Ste. 404A  
Belmar, NJ 07719

Lending Club/Velocity Investments LLC  
c/o CKS Financial  
PO Box 2856  
Chesapeake, VA 23327-2856

Lending Club/WebBank  
c/o Oliphant Financial  
PO Box 740882  
Atlanta, GA 30374-0882

Lord & Taylor  
c/o Synch  
Attn: Bankruptcy  
Po Box 965060  
Orlando, FL 32896

Lord & Taylor  
c/o Synch  
Po Box 30253  
Salt Lake City, UT 84130

Lord & Taylor  
c/o Capital One Retail Services  
PO Box 71106  
Charlotte, NC 28272-1106

LVNV Funding/Capital One  
c/o Resurgent Capital Services  
Greenville, SC 29602

Macy's  
c/o Visa Dept Store National Bank  
Attn: Bankruptcy  
Po Box 8053  
Mason, OH 45040

Macy's  
c/o Visa Dept Store National Bank  
Po Box 8218  
Mason, OH 45040

Macy's  
PO Box 8066  
Mason, OH 45040



Macy's  
PO Box 9001094  
Louisville, KY 40290-1094

Manahawkin Open MRI  
c/o Quality Asset Recovery  
Attn: Bankruptcy  
Po Box 239  
Gibbsboro, NJ 08026

Manahawkin Open MRI  
Quality Asset Recovery  
7 Foster Ave Ste 101  
Gibbsboro, NJ 08026

Manahawkin Open MRI  
1322 Route 72 W  
Manahawkin, NJ 08050

Mandee  
c/o Comenity Bank  
Attn: Bankruptcy Dept  
Po Box 182125  
Columbus, OH 43218

Mandee  
c/o Comenity Bank  
Po Box 182789  
Columbus, OH 43218

Mandee  
c/o Comenity  
P.O. Box 659584  
San Antonio, TX 78265

Mandee  
P.O. Box 182789  
Columbus, OH 43218

Mariner Finance, LLC  
8211 Town Center Dr  
Nottingham, MD 21236

Merrick Bank  
c/o Carson Smithfield  
PO Box 660702  
Dallas, TX 75266-0702

Merrick Bank  
PO Box 660702  
Dallas, TX 75266-0702

Milestoene Master Card  
c/o Bankcard Services  
PO Box 4477  
Beaverton, OR 97076-4401

Mr. Cooper  
8950 Cypress Waters Blvd  
Dallas, TX 75019

Mr. Cooper  
PO Box 60516  
City of Industry, CA 91716-0516

Ocean County Superior Court  
Special Civil Part re DC-008712-18  
118 Washington Street  
Toms River, NJ 08754

Ocean County Superior Court  
Special Civil Part re SC003427-12  
118 Washington Street  
Toms River, NJ 08754

Ocean Medical Imaging Center  
c/o R&R Professional Recovery, Inc.  
PO Box 21575  
Baltimore, MD 21282-1575

Ocean Medical Imaging Center  
PO Box 403318  
Atlanta, GA 30384-3318

Old Navy  
c/o Synchrony Bank  
Attn: Bankruptcy Dept  
Po Box 965060  
Orlando, FL 32896

Old Navy  
c/o Synchrony Bank  
Po Box 965005  
Orlando, FL 32896

Old Navy  
P.O. Box 530942  
Atlanta, GA 30353

OneMain  
Attn: Bankruptcy  
601 Nw 2nd St  
Evansville, IN 47708

OneMain  
PO Box 3251  
Evansville, IN 47731-3250

OneMain Financial  
Attn: Bankruptcy  
601 Nw 2nd Street  
Evansville, IN 47708

OneMain Financial  
Po Box 1010  
Evansville, IN 47706

Orthopaedic Insitute  
226 Route 37 West  
Toms River, NJ 08755

Robert Wood Johnson  
Medical Group  
PO Box 15278  
Newark, NJ 07192

Rutgers  
Robert Wood Johnson Medical School  
PO Box 15278  
Newark, NJ 07192-5278

Santander Consumer USA  
Po Box 961275  
Fort Worth, TX 76161

Score Rewards  
c/o Synchrony Bank  
PO Box 530916  
Atlanta, GA 30353-0916

Shore Imaging PC  
1166 River Ave., Ste. 102  
Lakewood, NJ 08701-5600

Sothern Ocean City Hospital OP Meridian  
1140 Route 72 W, Manahawkin, NJ 08050  
Manahawkin, NJ 08050

Souther Ocean Medical Center  
PO Box 650292  
Dallas, TX 75265-0292

Souther Ocean Medical Center  
Meridian Health Pt Pymt  
PO Box 417140  
Boston, MA 02241

Southern Ocean City Hos Op  
c/o Certified Credit & Collection Bureau  
PO Box 1750  
Whitehouse Station, NJ 08889

Synchrony Bank  
PO Box 965033  
Orlando, FL 32896-5033

Target  
c/o Target Card Services  
Mail Stop NCB-0461  
Minneapolis, MN 55440

Target  
Po Box 673  
Minneapolis, MN 55440

Target Card Services  
PO Box 660170  
Dallas, TX 75266

TD Bank USA, N.A.  
c/o Lyons Doughty & Veldhuis, PC  
136 Gaither Drive, Suite 100  
Mount Laurel, NJ 08054

TD Bank USA, N.A.  
P.O. Box 16029  
Lewiston, ME 04243

The Bank of New York  
c/o RAS Citron, LLC  
130 Clinton Rd., Ste. 202  
Fairfield, NJ 07004

The Bank of New York  
Consumer Loan Operations  
P. O. Box 6973  
Newark, DE 19714

TJX  
c/o Synchrony Bank  
Po Box 965015  
Orlando, FL 32896

TJX  
P. O. Box 530949  
Atlanta, GA 30353-0949

TJX  
c/o Synchrony Bank  
PO Box 965064  
Orlando, FL 32896-5064

TJX  
c/o Synchrony Bank  
Attn: Bankruptcy Dept  
Po Box 965060  
Orlando, FL 32896

TJX Rewards  
c/o Synchb  
PO Box 530948  
Atlanta, GA 30353-0948

TJX/Synchrony Bank  
c/o Portfolio Recovery Associates, LLC  
PO Box 12914  
Norfolk, VA 23541

Urgent Care Now Physicians  
Attn # 8594M  
PO Box 14000  
Belfast, ME 04915-4033

Venus  
c/o Comenitybank  
Attn: Bankruptcy Dept  
Po Box 182125  
Columbus, OH 43218

Venus  
c/o Comenitybank  
Po Box 182789  
Columbus, OH 43218

Venus  
11711 Marco Beach Dr  
Jacksonville, FL 32224

Venus  
c/o Comenity  
PO Box 659617  
San Antonio, TX 78265-9617

Victoria Secret  
c/o Comenity Bank  
Attn: Bankruptcy Dept  
Po Box 182125  
Columbus, OH 45318

Victoria Secret  
c/o Comenity Bank  
Po Box 182789  
Columbus, OH 43218

Victoria Secret  
P.O. Box 659728  
San Antonio, TX 78265

Walmart  
c/o Synchrony Bank  
Po Box 965024  
Orlando, FL 32896

Walmart  
P.O. Box 530927  
Atlanta, GA 30359-0927

Walmart  
c/o Synchrony Bank  
PO Box 9655022  
Orlando, FL 32896-5022

Walmart  
c/o Synchrony Bank  
Attn: Bankruptcy Dept  
Po Box 965060  
Orlando, FL 32896

Walmart/Synchrony Bank  
c/o Monarch Recovery Management, Inc.  
PO Box 986  
Orlando, FL 32896

WebBank  
215 State St. #800  
Lake City, UT 84111

**11 U.S.C. § 527(a)(2) Disclosure**

In accordance with section 527(a)(2) of the Bankruptcy Code, be advised that:

1. All information that you are required to provide with a bankruptcy petition and during a bankruptcy case must be complete, accurate, and truthful.
2. All assets and liabilities must be completely and accurately disclosed, with the replacement value of each asset as defined in section 506 listed after reasonable inquiry to establish such value.
3. Current monthly income, the amounts specified in the “means test” under section 707(b)(2), and disposable income in chapter 13 cases must be stated after reasonable inquiry.
4. Information that you provide during your bankruptcy case may be audited, and the failure to provide such information may result in dismissal of the case or other sanction, including a criminal sanction.



**IMPORTANT INFORMATION ABOUT BANKRUPTCY ASSISTANCE  
SERVICES FROM AN ATTORNEY OR BANKRUPTCY PETITION  
PREPARER.**

If you decide to seek bankruptcy relief, you can represent yourself, you can hire an attorney to represent you, or you can get help in some localities from a bankruptcy petition preparer who is not an attorney. **THE LAW REQUIRES AN ATTORNEY OR BANKRUPTCY PETITION PREPARER TO GIVE YOU A WRITTEN CONTRACT SPECIFYING WHAT THE ATTORNEY OR BANKRUPTCY PETITION PREPARER WILL DO FOR YOU AND HOW MUCH IT WILL COST.** Ask to see the contract before you hire anyone.

The following information helps you understand what must be done in a routine bankruptcy case to help you evaluate how much service you need. Although bankruptcy can be complex, many cases are routine.

Before filing a bankruptcy case, either you or your attorney should analyze your eligibility for different forms of debt relief available under the Bankruptcy Code and which form of relief is most likely to be beneficial for you. Be sure you understand the relief you can obtain and its limitations. To file a bankruptcy case, documents called a Petition, Schedules, and Statement of Financial Affairs, and in some cases a Statement of Intention, need to be prepared correctly and filed with the bankruptcy court. You will have to pay a filing fee to the bankruptcy court. Once your case starts, you will have to attend the required first meeting of the creditors where you may be questioned by a court official called a 'trustee' and by creditors.

If you choose to file a chapter 7 case, you may be asked by a creditor to reaffirm a debt. You may want help deciding whether to do so. A creditor is not permitted to coerce you into reaffirming your debts.

If you choose to file a chapter 13 case in which you repay your creditors what you can afford over 3 to 5 years, you may also want help with preparing your chapter 13 plan and with the confirmation hearing on your plan which will be before a bankruptcy judge.

If you select another type of relief under the Bankruptcy Code other than chapter 7 or chapter 13, you will want to find out what should be done from someone familiar with that type of relief.

Your bankruptcy case may also involve litigation. You are generally permitted to represent yourself in litigation in bankruptcy court, but only attorneys, not bankruptcy petition preparers, can give you legal advice.